MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045812

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11229 STATE FILE NUMBER

FILED NOV 22 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	40283		
3			
4	2		
5	1		
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12	52-0		
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BY AFFIDAVIT OF [illegible] DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri — b. COUNTY: St Louis
   c. CITY OR TOWN: Kinloch, — Inside Limits Yes ☐ No ☐
   d. STREET ADDRESS (If outside, give location): 8337 Scudder Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN — Middle A. — Last MILLER, Sr.

4. DATE OF DEATH: Month November — Day 11 — Year 1963

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/16/90

9. AGE (last birthday): 73

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Steel Company

11. BIRTHPLACE (City and state or country): Redwood, Miss.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louis Miller

13b. MOTHER'S MAIDEN NAME: Delia Jackson

14. NAME OF HUSBAND OR WIFE: Sarah Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of): --

16. SOCIAL SECURITY NO.: [illegible]95

17. INFORMANT: Sarah Miller, 8337 Scudder — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBRAL SUBARACHNOID HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 330X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4/9/55 to 11/11/63 and last saw him alive on 11/11/63

Death occurred at 6:37 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vernon Allen, M.D. (Degree or title)

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 11/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/14/63

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Cunningham & Moore, 2405 Marcus

25. DATE RECD. BY LOCAL REG.: NOV 13 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.